

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047622

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1832

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10390

21120

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clay Township		c. CITY OR TOWN Rogersville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns		d. STREET ADDRESS (If outside, give location) Rt. 1	
3. NAME OF DECEASED (Type or print) First William Middle Enoch Last Berry		4. DATE OF DEATH Month 12 Day 21 Year 1963	
5. SEX MALE	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-22-1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Near Stuart, Nebraska
13a. FATHER'S NAME Thomas Berry		13b. MOTHER'S MAIDEN NAME Anna Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Lula Berry - Rt. 1 Rogersville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Head and body injuries Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III: If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) collision of two "pickup" trucks			
20c. TIME OF DEATH Hour 7:50P.M. Month, Day, Year 12/21/63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway "65" South of Springfield, Greene, Missouri		20f. CITY, TOWN, OR LOCATION Springfield, Missouri	
21. I attended the deceased from _____ to _____ and last saw her alive on _____. Death occurred at approx. 7:50P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph A. Thieme (Degree or title) Greene County Coroner		22b. ADDRESS Springfield, Missouri	
22c. DATE SIGNED 1/3/1964			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-24-63	
23c. NAME OF CEMETERY OR CREMATORY Glenwood Cemetery		23d. LOCATION (City, town, or county) (State) Green Forest Ark.	
24. FUNERAL DIRECTOR Nelson Funeral Home - Berryville Ark.		25. DATE RECD. BY LOCAL REG. 1-6-64	
26. REGISTRAR'S SIGNATURE Lamine Medley			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

331740-608



JAN 9 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Brian Abbott

Licensed Embalmer No. _____

5115

P. O. Address _____

Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.